

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ACTRIGHT

ADDRESS (number and street)

2029 K STREET NW SUITE 300

☐ Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488478

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2014

through

M M M / D D D / Y Y Y Y Y Y
05 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brian S Brown

Signature of Treasurer

Brian S Brown

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ACTRIGHT

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
05 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		10746.43
(b) Cash on Hand at Beginning of Reporting Period.....	13192.32	
(c) Total Receipts (from Line 19)	6147.00	40818.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	19339.32	51564.53
7. Total Disbursements (from Line 31)	11876.62	44101.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7462.70	7462.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	75382.91	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ACTRIGHT

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
05	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
05	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5362.00

33637.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5362.00

33637.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

5362.00

33637.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

785.00

7181.10

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

6147.00

40818.10

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

6147.00

40818.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2039.62	6796.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2039.62	6796.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9837.00	36905.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	400.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11876.62	44101.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11876.62	44101.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5362.00	33637.00
34. Total Contribution Refunds (from Line 28(d))	0.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5362.00	33237.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2039.62	6796.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	785.00	7181.10
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1254.62	-384.27

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Thomas B Alexander

Mailing Address 25011 Emporia Point Ct

City State Zip Code
 Katy TX 77494

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.9088

Amount of Each Receipt this Period

25.00

BENN SASSE FOR US SENATE INC

Full Name (Last, First, Middle Initial)

B. Mark Allen

Mailing Address 4 Lagoon Rd

City State Zip Code
 San Rafael CA 94901

FEC ID number of contributing federal political committee.

C

Name of Employer

Deloitte

Occupation

Computer consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.9105

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

c. Ted E. Amsbaugh

Mailing Address 1302 24th St. West #329

City State Zip Code
 Billings MT 59102

FEC ID number of contributing federal political committee.

C

Name of Employer

none

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.9043

Amount of Each Receipt this Period

100.00

BENN SASSE FOR US SENATE INC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Paul Ardi

Mailing Address 3204 Rain Dance Cv

City
Austin

State
TX

Zip Code
78746

FEC ID number of contributing
federal political committee.

C

Name of Employer

CMC

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.9094

Amount of Each Receipt this Period

100.00

COTTON FOR SENATE

Full Name (Last, First, Middle Initial)

B. Charles Bell

Mailing Address 2316 Lakesite Dr.

City

Soddy Daisy

State

TN

Zip Code

37379

FEC ID number of contributing
federal political committee.

C

Name of Employer

McDonalds

Occupation

grill cook

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.9035

Amount of Each Receipt this Period

50.00

TERRI LYNN LAND FOR SENATE

Full Name (Last, First, Middle Initial)

C. Christine Biedul

Mailing Address 423 Ike Mooney Road NE

City

Silverton

State

OR

Zip Code

97381

FEC ID number of contributing
federal political committee.

C

Name of Employer

Student

Occupation

Healthcare Worker Student Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.9150

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Joseph Blandino

Mailing Address 7502 Leroy Drive

City State Zip Code
Jacksonville FL 32244

FEC ID number of contributing
federal political committee.

C

Name of Employer

USMC

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.9032

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Paula Blankenhorn

Mailing Address 137 Upper Sisterdale Road

City State Zip Code
Comfort TX 78013

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11AI.9061

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Bob Blatner

Mailing Address 2231 Hemet Ct

City State Zip Code
Brentwood CA 94513

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11AI.9058

Amount of Each Receipt this Period

100.00

JULIANNE MN INC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Mark Bobbi

Mailing Address 104 Hammock Circle

City

Saint Augustine

State

FL

Zip Code

32084

FEC ID number of contributing
federal political committee.

C

Name of Employer

IHS Inc

Occupation

Aerospace/Defense Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.9051

Amount of Each Receipt this Period

100.00

JULIANNE MN INC

Full Name (Last, First, Middle Initial)

B. Rod Brocke

Mailing Address 3446 Fraser Rd.

City

Bay City

State

MI

Zip Code

48706

FEC ID number of contributing
federal political committee.

C

Name of Employer

MI Sugar Co.

Occupation

engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.9075

Amount of Each Receipt this Period

10.00

BENN SASSE FOR US SENATE INC

Full Name (Last, First, Middle Initial)

C. Nelson Brown

Mailing Address 14324 N 800 E

City

Odon

State

IN

Zip Code

47562

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAIC

Occupation

Part-time

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.9128

Amount of Each Receipt this Period

50.00

BELL FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Brett Brunkenhoefer

Mailing Address 3691 Oak St.

City

Jacksonville

State

FL

Zip Code

32205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.9101

Amount of Each Receipt this Period

100.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Marie Cardona

Mailing Address 726 Rocklyn Dr

City

Windcrest

State

TX

Zip Code

78239

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 10 / 2014

Transaction ID : SA11AI.9165

Amount of Each Receipt this Period

10.00

DAVID LARSEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

C. Sherman Chan

Mailing Address 490 Norwood Cir

City

Santa Clara

State

CA

Zip Code

95051

FEC ID number of contributing
federal political committee.

C

Name of Employer

iTalent

Occupation

Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.9133

Amount of Each Receipt this Period

10.00

BELL FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Charles Clark

Mailing Address 522 Clydesdale Dr.

City
NEW HOPE

State Zip Code
PA 18938

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.9086

Amount of Each Receipt this Period

15.00

BENN SASSE FOR US SENATE INC

Full Name (Last, First, Middle Initial)

B. CARL CORNELIUS

Mailing Address PO BOX 139

City
SIDNEY

State Zip Code
NE 69162

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
retired MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.9083

Amount of Each Receipt this Period

10.00

BENN SASSE FOR US SENATE INC

Full Name (Last, First, Middle Initial)

C. clifford crane

Mailing Address 3610 birch street

City
newport beach

State Zip Code
CA 92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.9049

Amount of Each Receipt this Period

100.00

BENN SASSE FOR US SENATE INC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 OF 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. David Crear

Mailing Address PO Box 52

City

Minnetonka Beach

State

MN

Zip Code

55361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shrimp Culture

Occupation

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.9162

Amount of Each Receipt this Period

50.00

McSally for Congress

Full Name (Last, First, Middle Initial)

B. David Crear

Mailing Address PO Box 52

City

Minnetonka Beach

State

MN

Zip Code

55361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shrimp Culture

Occupation

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.9163

Amount of Each Receipt this Period

50.00

Joni Ernst for U.S. Senate,

Full Name (Last, First, Middle Initial)

C. David Crear

Mailing Address PO Box 52

City

Minnetonka Beach

State

MN

Zip Code

55361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shrimp Culture

Occupation

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.9164

Amount of Each Receipt this Period

50.00

COTTON FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. karol Delmar

Mailing Address 1635 Tremont Dr. #241

City State Zip Code
 Santa Cruz CA 95062

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Lifespan

Caregiver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 03 2014

Transaction ID : SA11AI.9059

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. Thomas DiFonzo

Mailing Address 957 Kingwood Circle

City State Zip Code
 Highland Village TX 75077

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

McLane Co.

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 07 2014

Transaction ID : SA11AI.9081

Amount of Each Receipt this Period

10.00

SHANNON FOR SENATE

Full Name (Last, First, Middle Initial)

C. John Dillard

Mailing Address 205 West 88th Street

City State Zip Code
 New York NY 10024

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Weber Shandwick

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 02 2014

Transaction ID : SA11AI.9041

Amount of Each Receipt this Period

15.00

JULIANNE MN INC

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Nancy Domino

Mailing Address 5132 Bayonne Circle

City State Zip Code
Irvine CA 92612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Sterling Properties

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.9123

Amount of Each Receipt this Period

25.00

FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial)

B. Richard Dust

Mailing Address 12982 144th Ave.

City State Zip Code
Grand Haven MI 49417

FEC ID number of contributing
federal political committee.

C

Name of Employer

dusty's auto body

Occupation

auto repair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.9130

Amount of Each Receipt this Period

50.00

FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial)

c. Jim Dyer

Mailing Address PO Box 187

City State Zip Code
Wake Forest NC 27588

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.9030

Amount of Each Receipt this Period

25.00

MARK HARRIS FOR US SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Stephanie Eichenberger

Mailing Address 6989 County Line Road

City

New Albany

State

IN

Zip Code

47150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Floyd Memorial Hospital

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.9152

Amount of Each Receipt this Period

25.00

COTTON FOR SENATE

Full Name (Last, First, Middle Initial)

B. Stephanie Eichenberger

Mailing Address 6989 County Line Road

City

New Albany

State

IN

Zip Code

47150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Floyd Memorial Hospital

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.9153

Amount of Each Receipt this Period

10.00

TREADWELL ALASKA INC

Full Name (Last, First, Middle Initial)

C. Stephanie Eichenberger

Mailing Address 6989 County Line Road

City

New Albany

State

IN

Zip Code

47150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Floyd Memorial Hospital

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.9154

Amount of Each Receipt this Period

50.00

National Republican Congressional Committee

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Val Elacqua

Mailing Address 1154 Leeds st

City State Zip Code
 Utica NY 13501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Diocese of Syracuse ny

Occupation

Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.9118

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Catherine Essigmann

Mailing Address 3093 Sea Gate Circle

City State Zip Code
 Merritt Island FL 32953

FEC ID number of contributing
federal political committee.

C

Name of Employer

Air Plant City

Occupation

retail

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.9109

Amount of Each Receipt this Period

10.00

FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial)

C. Sean Fieler

Mailing Address 623 Fifth Avenue

City State Zip Code
 New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Equinox Partners, LP

Occupation

Financial Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.9161

Amount of Each Receipt this Period

2500.00

KIRK JORGENSEN FOR CONGRESS

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2535.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Kimberly Galush

Mailing Address 36W867 Red Gate Court

City

St. Charles

State

IL

Zip Code

60175

FEC ID number of contributing
federal political committee.

C

Name of Employer

unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.9113

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Stephen Ghio

Mailing Address PO Box 16040

City

San Diego

State

CA

Zip Code

92176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sharp HealthCare

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11AI.9065

Amount of Each Receipt this Period

50.00

JULIANNE MN INC

Full Name (Last, First, Middle Initial)

C. Scott Graby

Mailing Address 4925 Veterans Parkway

City

Murfreesboro

State

TN

Zip Code

37128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hearthstone Group LLC

Occupation

Company owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.9115

Amount of Each Receipt this Period

250.00

FRIENDS OF CHRIS MCDANIEL

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Rudolph Grob

Mailing Address 601 Moss+Dr.

City

Altamonte Springs

State

FL

Zip Code

32714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Village on+the+Green

Occupation

Cook

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.9037

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. Karen Grube

Mailing Address 332 C Street #43

City

Chula Vista

State

CA

Zip Code

91910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

52.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.9157

Amount of Each Receipt this Period

37.00

KIRK JORGENSEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

C. Nick Gulotta

Mailing Address 950 Kanner Hwy E10

City

STUART

State

FL

Zip Code

34994

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

05 / 04 / 2014

Transaction ID : SA11AI.9069

Amount of Each Receipt this Period

25.00

JULIANNE MN INC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

67.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Charles A. Hake

Mailing Address 935 S. Moore St.

City

Nashville

State

IL

Zip Code

62263

FEC ID number of contributing
federal political committee.

C

Name of Employer

McDaniel's Furniture

Occupation

Retail Sales Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.9112

Amount of Each Receipt this Period

10.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Vineeta Hardt

Mailing Address 66-14 Central Avenue

City

Glendale

State

NY

Zip Code

11385

FEC ID number of contributing
federal political committee.

C

Name of Employer

MetLife

Occupation

Vendor management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.9135

Amount of Each Receipt this Period

10.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

c. glenn harms

Mailing Address 437 Edgewater Drive

City

Morris

State

IL

Zip Code

60450

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.9055

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

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45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Milton Horst

Mailing Address 10118 44th Ave. SW

City
SeattleState
WAZip Code
98146FEC ID number of contributing
federal political committee.

C

Name of Employer

The Boeing Company

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.9132

Amount of Each Receipt this Period

50.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Pauline Hurd

Mailing Address 3817 162nd St E

City
TacomaState
WAZip Code
98446FEC ID number of contributing
federal political committee.

C

Name of Employer
familyOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2014

Transaction ID : SA11AI.9070

Amount of Each Receipt this Period

25.00

JULIANNE MN INC

Full Name (Last, First, Middle Initial)

C. John Keisling

Mailing Address 35 Erica Ln

City
BelenState
NMZip Code
87002FEC ID number of contributing
federal political committee.

C

Name of Employer

SAIC

Occupation
Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11AI.9140

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BRIAN KILLIAN

Mailing Address 1234 somewhere

City State Zip Code
PALATINE IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer

ActRight Torture

Occupation

Inquisitor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.9120

Amount of Each Receipt this Period

1.00

BENN SASSE FOR US SENATE INC

Full Name (Last, First, Middle Initial)

B. BRIAN KILLIAN

Mailing Address 1234 somewhere

City State Zip Code
PALATINE IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer

ActRight Torture

Occupation

Inquisitor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.9121

Amount of Each Receipt this Period

1.00

FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial)

C. Lonnie Knotts

Mailing Address 5031 Palermo Dr

City State Zip Code
Oceanside CA 92057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Veridiam

Occupation

IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.9107

Amount of Each Receipt this Period

25.00

Rob Maness for Senate

SUBTOTAL of Receipts This Page (optional)..... ►

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27.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Linda Kramer

Mailing Address 3716 N. 36th St.

City
Galesburg

State Zip Code
MI 49053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charleston Township

Occupation
Township clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.9131

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Stephen Levin

Mailing Address P.O. Box 340

City
Clayton

State Zip Code
NC 27528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Disability Determination Services

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.9033

Amount of Each Receipt this Period

25.00

MARK HARRIS FOR US SENATE

Full Name (Last, First, Middle Initial)

C. Donna Littrell

Mailing Address 7450 Deville Court

City
INpolis

State Zip Code
IN 46256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Research Management, Inc.

Occupation
self employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2014

Transaction ID : SA11AI.9137

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

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75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Abdon J Medina

Mailing Address 5901 N W 97 Drive

City

Parkland

State

FL

Zip Code

33076

FEC ID number of contributing
federal political committee.

C

Name of Employer

SFRO/SFM

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.9100

Amount of Each Receipt this Period

100.00

BENN SASSE FOR US SENATE INC

Full Name (Last, First, Middle Initial)

B. William Miller

Mailing Address 48020 Brewster Ct

City

Plymouth

State

MI

Zip Code

48170

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Henry Ford

Occupation

historical presenter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

05 / 18 / 2014

Transaction ID : SA11AI.9139

Amount of Each Receipt this Period

5.00

TERRI LYNN LAND FOR SENATE

Full Name (Last, First, Middle Initial)

C. Gail Mooney

Mailing Address PO BOX 13584

City

Palm Desert

State

CA

Zip Code

92255

FEC ID number of contributing
federal political committee.

C

Name of Employer

CPA

Occupation

bookkeeper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

05 / 03 / 2014

Transaction ID : SA11AI.9063

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. David Morris

Mailing Address 120 Pinto Run

City

Liberty Hill

State

TX

Zip Code

78642

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.9125

Amount of Each Receipt this Period

15.00

Rob Maness for Senate

Full Name (Last, First, Middle Initial)

B. Zachary Morris

Mailing Address 330 South Hardy Drive Apt 104

City

Tempe

State

AZ

Zip Code

85281

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.9126

Amount of Each Receipt this Period

10.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

C. JoAnn Muscara

Mailing Address 21 North 9th St.

City

Paterson

State

NJ

Zip Code

07522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preakness Healthcare Center

Occupation

Retired--Recreation Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.9117

Amount of Each Receipt this Period

15.00

FRIENDS OF CHRIS MCDANIEL

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Michael Nowak

Mailing Address 362 Balsam Street

City State Zip Code
Brick NJ 08724

FEC ID number of contributing
federal political committee.

C

Name of Employer

MRC

Occupation

Sales rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

05 / 13 / 2014

Transaction ID : SA11AI.9096

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Allen Nyhuis

Mailing Address 1728 Pele Place

City State Zip Code
INnpolis IN 46214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eli Lilly

Occupation

Statistician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.9039

Amount of Each Receipt this Period

10.00

JULIANNE MN INC

Full Name (Last, First, Middle Initial)

C. peter ohara

Mailing Address 21 camelot lane

City State Zip Code
st james NY 11780

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.9092

Amount of Each Receipt this Period

50.00

BENN SASSE FOR US SENATE INC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Carolyn Pennington

Mailing Address 233 Hawthorne Lane

City

Greenwood

State

IN

Zip Code

46142

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

registered nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.9119

Amount of Each Receipt this Period

50.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Donald Poerio

Mailing Address 10563 Hwy 490

City

East Bernstadt

State

KY

Zip Code

40729

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

electrician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.9053

Amount of Each Receipt this Period

25.00

JULIANNE MN INC

Full Name (Last, First, Middle Initial)

C. Darian Rafie

Mailing Address 28W525 Diversey Parkway

City

Chicago

State

IL

Zip Code

60185

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.9141

Amount of Each Receipt this Period

1.00

BENN SASSE FOR US SENATE INC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Darian Rafie

Mailing Address 28W525 Diversey Parkway

City State Zip Code
 Chicago IL 60185

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.9142

Amount of Each Receipt this Period

1.00

COTTON FOR SENATE

Full Name (Last, First, Middle Initial)

B. Darian Rafie

Mailing Address 28W525 Diversey Parkway

City State Zip Code
 Chicago IL 60185

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.9143

Amount of Each Receipt this Period

1.00

FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial)

C. Darian Rafie

Mailing Address 28W525 Diversey Parkway

City State Zip Code
 Chicago IL 60185

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.9144

Amount of Each Receipt this Period

1.00

Joni Ernst for U.S. Senate,

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Darian Rafie

Mailing Address 28W525 Diversey Parkway

City State Zip Code
Chicago IL 60185

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.9145

Amount of Each Receipt this Period

1.00

JULIANNE MN INC

Full Name (Last, First, Middle Initial)

B. Darian Rafie

Mailing Address 28W525 Diversey Parkway

City State Zip Code
Chicago IL 60185

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.9146

Amount of Each Receipt this Period

1.00

Rob Maness for Senate

Full Name (Last, First, Middle Initial)

C. Darian Rafie

Mailing Address 28W525 Diversey Parkway

City State Zip Code
Chicago IL 60185

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.9147

Amount of Each Receipt this Period

1.00

SHANNON FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Darian Rafie

Mailing Address 28W525 Diversey Parkway

City State Zip Code
Chicago IL 60185

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.9148

Amount of Each Receipt this Period

1.00

TERRI LYNN LAND FOR SENATE

Full Name (Last, First, Middle Initial)

B. Darian Rafie

Mailing Address 28W525 Diversey Parkway

City State Zip Code
Chicago IL 60185

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11AI.9160

Amount of Each Receipt this Period

5.00

KIRK JORGENSEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

C. Janice Rafie

Mailing Address 28w525 diversey

City State Zip Code
west chicago IL 60185

FEC ID number of contributing
federal political committee.

C

Name of Employer
unemployed

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

05 / 06 / 2014

Transaction ID : SA11AI.9071

Amount of Each Receipt this Period

15.00

SHANNON FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

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21.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Alan W Rickheit

Mailing Address 612 Fullam Hill Rd.

City State Zip Code
Fitzwilliam NH 03447

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Northern Machinery Sales independent sales agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.9079

Amount of Each Receipt this Period

25.00

BENN SASSE FOR US SENATE INC

Full Name (Last, First, Middle Initial)

B. Thomas J. Riegert

Mailing Address 16924 Hillard Street

City State Zip Code
Poolesville, MD 20837

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
retired economist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11AI.9156

Amount of Each Receipt this Period

25.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

C. Fred Roberts

Mailing Address 167 Marehaven Court

City State Zip Code
Piedmont SC 29673

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Charles Schwab Co. Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2014

Transaction ID : SA11AI.9159

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Patti Robertson

Mailing Address 1088 Kenisco Rd.

City

Venice

State

FL

Zip Code

34293

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wintergarden Presbyterian Church

Occupation

Worship Team Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.9056

Amount of Each Receipt this Period

25.00

JULIANNE MN INC

Full Name (Last, First, Middle Initial)

B. WILLIAM RODRIGUEZ

Mailing Address 9703 SOTHERLOCH LAKE DRIVE

City

SPRING

State

TX

Zip Code

77379

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIERRA PETROLEUM SERVICES

Occupation

PROJECT ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.9090

Amount of Each Receipt this Period

100.00

BENN SASSE FOR US SENATE INC

Full Name (Last, First, Middle Initial)

c. Judy Sabella

Mailing Address 505 Railroad Blvd

City

Buena

State

NJ

Zip Code

08310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Conte's Pasta Company, Inc.

Occupation

VPO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 13 / 2014

Transaction ID : SA11AI.9098

Amount of Each Receipt this Period

50.00

BELL FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Steven Sass

Mailing Address 11 stablemere

City
Baltimore

State
MD

Zip Code
21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ANTI-GOVERNMENT ZEALOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.9073

Amount of Each Receipt this Period

10.00

BENN SASSE FOR US SENATE INC

Full Name (Last, First, Middle Initial)

B. Diane Schulte

Mailing Address 4555 Barbara Ave E

City

Inver Grove Heights

State

MN

Zip Code

55077

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.9084

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Gregg Soligo

Mailing Address 6500w182nd Place

City

Tinley Park

State

IL

Zip Code

60477

FEC ID number of contributing
federal political committee.

C

Name of Employer

lapham-hickey steel

Occupation

steelworker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

05 / 04 / 2014

Transaction ID : SA11AI.9067

Amount of Each Receipt this Period

15.00

JULIANNE MN INC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. John Herbert Sullivan

Mailing Address 303 Wyman St

City

Waltham

State

MA

Zip Code

02114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sullivan Risk Management

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.9103

Amount of Each Receipt this Period

10.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Cheryl Tancredi

Mailing Address 18120 Sweet Elm Drive

City

Encino

State

CA

Zip Code

91316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.9045

Amount of Each Receipt this Period

10.00

BENN SASSE FOR US SENATE INC

Full Name (Last, First, Middle Initial)

C. Catherine Tuohy

Mailing Address 46 Fox St.

City

Whiting

State

NJ

Zip Code

08759

FEC ID number of contributing
federal political committee.

C

Name of Employer

unemployed

Occupation

unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.9077

Amount of Each Receipt this Period

10.00

KIRK JORGENSEN FOR CONGRESS

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Chris Van Way

Mailing Address 1608 Gendarme Rd

City

Carencro

State

LA

Zip Code

70520

FEC ID number of contributing
federal political committee.

C

Name of Employer

J.P. Oil Company

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.9111

Amount of Each Receipt this Period

100.00

BELL FOR SENATE

Full Name (Last, First, Middle Initial)

B. Mark Whitley

Mailing Address 1709 Sherburne Dr

City

Keller

State

TX

Zip Code

76262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.9047

Amount of Each Receipt this Period

50.00

JULIANNE MN INC

Full Name (Last, First, Middle Initial)

C. William Wortman

Mailing Address 4736 S. Columbia Pl.

City

Tulsa

State

OK

Zip Code

74105

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.9104

Amount of Each Receipt this Period

50.00

BELL FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

5362.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BELL FOR SENATE

Mailing Address PO BOX 31

City State Zip Code
PALISADES PARK NJ 07650

FEC ID number of contributing
federal political committee.

C C00558122

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / **23** / **2014**

Transaction ID : SA15.9000

Amount of Each Receipt this Period

187.50

Card processing and fundraising fee

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City State Zip Code
FREMONT NE 68025

FEC ID number of contributing
federal political committee.

C C00547976

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.20

Date of Receipt

05 / **23** / **2014**

Transaction ID : SA15.9002

Amount of Each Receipt this Period

30.00

Card processing and fundraising fee

Full Name (Last, First, Middle Initial)

C. DAVID LARSEN FOR CONGRESS

Mailing Address PO Box 214

City State Zip Code
OLDWICK NJ 08858

FEC ID number of contributing
federal political committee.

C C00510750

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / **12** / **2014**

Transaction ID : SA15.9011

Amount of Each Receipt this Period

3.00

Card processing and fundraising fee

SUBTOTAL of Receipts This Page (optional)..... ►

220.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 83

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. JULIANNE MN INC

Mailing Address PO BOX 173

City	State	Zip Code
CHASKA	MN	55318

FEC ID number of contributing federal political committee.

C C00548446

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2014

Transaction ID : SA15.9005

Amount of Each Receipt this Period

132.00

Card processing and fundraising fee

Full Name (Last, First, Middle Initial)

B. KIRK JORGENSEN FOR CONGRESS

Mailing Address 14677 VIA BETTONA SUITE 110-835

City	State	Zip Code
SAN DIEGO	CA	92127

FEC ID number of contributing federal political committee.

C C00546267

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5600.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2014

Transaction ID : SA15.9010

Amount of Each Receipt this Period

57.00

Card processing and fundraising fee

Full Name (Last, First, Middle Initial)

C. KIRK JORGENSEN FOR CONGRESS

Mailing Address 14677 VIA BETTONA SUITE 110-835

City	State	Zip Code
SAN DIEGO	CA	92127

FEC ID number of contributing federal political committee.

C C00546267

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5611.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

Transaction ID : SA15.8993

Amount of Each Receipt this Period

11.10

Card processing and fundraising fee

SUBTOTAL of Receipts This Page (optional)..... ►

200.10

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 83

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. KIRK JORGENSEN FOR CONGRESS

Mailing Address 14677 VIA BETTONA SUITE 110-835

City State Zip Code
 SAN DIEGO CA 92127

FEC ID number of contributing
federal political committee.

C C00546267

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5711.44

Date of Receipt

05 / **29** / **2014**

Transaction ID : SA15.8992

Amount of Each Receipt this Period

100.20

Card processing fee

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / **29** / **2014**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / **29** / **2014**

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.20

520.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. ActRight FundMailing Address 2029 K St NW
Suite 300

City Washington State DC Zip Code 20006

Purpose of Disbursement
Administrative and website costs

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 23 / 2014**Transaction ID : SB21B.9015**

Amount of Each Disbursement this Period

1920.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address 200 Vesey St

City Manhattan State NY Zip Code 10080

Purpose of Disbursement
Merchant fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 06 / 2014**Transaction ID : SB21B.9021**

Amount of Each Disbursement this Period

6.66

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address 200 Vesey St

City Manhattan State NY Zip Code 10080

Purpose of Disbursement
Merchant fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 07 / 2014**Transaction ID : SB21B.9022**

Amount of Each Disbursement this Period

0.58

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1927.24

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ACTRIGHT

The image shows three separate boxes, each representing a part of a date. The first box contains the letters 'M' and 'M' at the top and the number '05' in the center. The second box contains the letters 'D' and 'D' at the top and the number '13' in the center. The third box contains the letters 'Y', 'Y', 'Y', and 'Y' at the top and the number '2014' in the center. The boxes are arranged horizontally and separated by slashes.

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

05 / 19 / 2014

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

7.68

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ACTRIGHT

Category	Percentage
Don't know	1.0%
No	1.0%
Yes	98.0%
Other	0.0%

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

05 / 27 / 2014

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

001

8.50

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

10.62

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. PNC BankMailing Address 249 Fifth Ave
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Merchant discount

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 02 / 2014**Transaction ID : SB21B.9017**

Amount of Each Disbursement this Period

46.16

Full Name (Last, First, Middle Initial)

B. PNC BankMailing Address 249 Fifth Ave
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Merchant fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 02 / 2014**Transaction ID : SB21B.9018**

Amount of Each Disbursement this Period

45.45

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

91.61

2037.15

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Pennington, Carolyn

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9167

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Hake, Charles A.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9168

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Van Way, Chris

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9169

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

160.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Littrell, Donna

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9170

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Sullivan, John Herbert

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9172

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Galush, Kimberly

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9174

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00

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	21b		22	<input checked="" type="checkbox"/>	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

A. BELL FOR SENATE

05 / 12 / 2014

Transaction ID : SB23.9176

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: NJ District: 00

MM / DD / YYYY

B. BELL FOR SENATE

Transaction ID : SB23.9177

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: NJ District: 00

C. BELL FOR SENATE

05 / 12 / 2014

Transaction ID : SB23.9179

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: NJ District: 00

SUBTOTAL of Disbursements This Page (optional).....

100.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Riegert, Thomas J.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9181

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Wortman, William

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9184

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
morris, zachary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9185

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

85.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Brunkenhoefer, Brett

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9166

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Keisling, John

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9171

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Sabella, Judy

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9173

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

175.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

A. BELL FOR SENATE

Date of Disbursement

05 / 23 / 2014

Transaction ID : SB23.9175

Amount of Each Disbursement this Period

25.00

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: NJ District: 00

B. BELL FOR SENATE

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB23.9178

Amount of Each Disbursement this Period



Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: NJ District: 00

C. BELL FOR SENATE

Date of Disbursement

05 / 23 / 2014

Transaction ID : SB23.9180

Amount of Each Disbursement this Period

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: NJ District: 00

SUBTOTAL of Disbursements This Page (optional).....

85.00

TOTAL This Period (last page this line number only).....

[illegible]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 83

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Hardt, Vineeta

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9183

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. BELL FOR SENATE

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement
Elacqua, Val

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SB23.9182

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City	State	Zip Code
FREMONT	NE	68025

Purpose of Disbursement
Rickheit, Alan W

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NE	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9188

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

A. BEN SASSE FOR US SENATE INC

Category/
Type

State: NE District: 00

B. BEN SASSE FOR US SENATE INC

MM / DD / YYYY

Category/
Type

Age Group	Percentage
18-24	14.5
25-34	13.5
35-44	12.5
45-54	11.5
55-64	10.5
65-74	9.5
75-84	8.5
85+	1.5

State: NE District: 00

C. BEN SASSE FOR US SENATE INC

M M / D D / Y Y Y Y
05 12 2014

Category/
Type

State: NE District: 00

35.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City FREMONT	State NE	Zip Code 68025
-----------------	-------------	-------------------

Purpose of Disbursement
Gasser, John

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NE	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9193

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City FREMONT	State NE	Zip Code 68025
-----------------	-------------	-------------------

Purpose of Disbursement
ohara, peter

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NE	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9194

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City FREMONT	State NE	Zip Code 68025
-----------------	-------------	-------------------

Purpose of Disbursement
Amsbaugh, Ted E.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NE	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9197

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

190.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City FREMONT	State NE	Zip Code 68025
-----------------	-------------	-------------------

Purpose of Disbursement
RODRIGUEZ, WILLIAM

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NE District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9199

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City FREMONT	State NE	Zip Code 68025
-----------------	-------------	-------------------

Purpose of Disbursement
Alexander, Thomas B

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NE District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : SB23.9198

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City FREMONT	State NE	Zip Code 68025
-----------------	-------------	-------------------

Purpose of Disbursement
Medina, Abdon J

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NE District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9187

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City FREMONT	State NE	Zip Code 68025
-----------------	-------------	-------------------

Purpose of Disbursement
crane, clifford

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NE District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9192

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City FREMONT	State NE	Zip Code 68025
-----------------	-------------	-------------------

Purpose of Disbursement
Brocke, Rod

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NE District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9195

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City FREMONT	State NE	Zip Code 68025
-----------------	-------------	-------------------

Purpose of Disbursement
Sass, Steven

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NE District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9196

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

120.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 83

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. CORY GARDNER FOR SENATE

Mailing Address 9227 E. LINCOLN AVE., #200-234

City	State	Zip Code
LONE TREE	CO	80124

Purpose of Disbursement
Meyer, Rachel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CO	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9201

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. CORY GARDNER FOR SENATE

Mailing Address 9227 E. LINCOLN AVE., #200-234

City	State	Zip Code
LONE TREE	CO	80124

Purpose of Disbursement
Pienias, Denise

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CO	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : SB23.9200

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. COTTON FOR SENATE

Mailing Address PO BOX 379

City	State	Zip Code
DARDANELLE	AR	72834

Purpose of Disbursement
Eichenberger, Stephanie

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AR	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9203

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 83

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. COTTON FOR SENATE

Mailing Address PO BOX 379

City	State	Zip Code
DARDANELLE	AR	72834

Purpose of Disbursement
Ardi, Paul

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9202

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. DAVID LARSEN FOR CONGRESS

Mailing Address PO Box 214

City	State	Zip Code
OLDWICK	NJ	08858

Purpose of Disbursement
Cardona, Marie

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 07

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9230

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Mailing Address POST OFFICE BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
Domino, Nancy

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MS District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9206

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

135.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

A. FRIENDS OF CHRIS MCDANIEL

Category/
Type

50.00

State: MS District: 00

B. FRIENDS OF CHRIS MCDANIEL

MM / DD / YYYY

Category/
Type

250.00

State: MS District: 00

C. FRIENDS OF CHRIS MCDANIEL

M M / D D / Y Y Y Y
05 23 2014

Category/
Type

Age Group	Number of People
0-4	1.00
5-9	1.00
10-14	1.00
15-19	2.00
20-24	1.00
25-29	1.00
30-34	1.00
35-39	1.00
40-44	1.00
45-49	1.00
50-54	1.00
55-59	1.00
60-64	1.00
65+	2.00

State: MS District: 00

310.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 83

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Mailing Address POST OFFICE BOX 125

City	State	Zip Code
LAUREL	MS	39441

Transaction ID : SB23.9205Purpose of Disbursement
Muscara, JoAnn

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

15.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MS District: 00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF COLONEL ROB MANESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Mailing Address PO BOX 25

City	State	Zip Code
MADISONVILLE	LA	70447

Transaction ID : SB23.9238Purpose of Disbursement
Morris, David

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

15.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF COLONEL ROB MANESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Mailing Address PO BOX 25

City	State	Zip Code
MADISONVILLE	LA	70447

Transaction ID : SB23.9239Purpose of Disbursement
Knotts, Lonnie

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

25.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

55.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. JULIANNE MN INC

Mailing Address PO BOX 173

City	State	Zip Code
CHASKA	MN	55318

Purpose of Disbursement
Whitley, Mark

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9214

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. JULIANNE MN INC

Mailing Address PO BOX 173

City	State	Zip Code
CHASKA	MN	55318

Purpose of Disbursement
Bobbi, Mark

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9215

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. JULIANNE MN INC

Mailing Address PO BOX 173

City	State	Zip Code
CHASKA	MN	55318

Purpose of Disbursement
Gulotta, Nick

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9216

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

175.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. JULIANNE MN INC

Mailing Address PO BOX 173

City	State	Zip Code
CHASKA	MN	55318

Purpose of Disbursement
Hurd, Pauline

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9218

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. JULIANNE MN INC

Mailing Address PO BOX 173

City	State	Zip Code
CHASKA	MN	55318

Purpose of Disbursement
Ghio, Stephen

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9219

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. JULIANNE MN INC

Mailing Address PO BOX 173

City	State	Zip Code
CHASKA	MN	55318

Purpose of Disbursement
Blatner, Bob

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : SB23.9210

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

175.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 83

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. JULIANNE MN INC

Mailing Address PO BOX 173

City	State	Zip Code
CHASKA	MN	55318

Purpose of Disbursement
Robertson, Patti

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : SB23.9217

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. JULIANNE MN INC

Mailing Address PO BOX 173

City	State	Zip Code
CHASKA	MN	55318

Purpose of Disbursement
Nyhuis, Allen

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9209

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. JULIANNE MN INC

Mailing Address PO BOX 173

City	State	Zip Code
CHASKA	MN	55318

Purpose of Disbursement
Poerio, Donald

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9211

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 83

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. JULIANNE MN INC

Mailing Address PO BOX 173

City	State	Zip Code
CHASKA	MN	55318

Purpose of Disbursement
Soligo, Gregg

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9212

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. JULIANNE MN INC

Mailing Address PO BOX 173

City	State	Zip Code
CHASKA	MN	55318

Purpose of Disbursement
Dillard, John

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9213

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. KING FOR CONGRESSMailing Address 116 N MAIN ST.
PO BOX 400

City	State	Zip Code
EARLY	IA	50535

Purpose of Disbursement
Contribution to campaign

Candidate Name

Mr. STEVE KING

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IA	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SB23.8989

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2530.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. KIRK JORGENSEN FOR CONGRESS

Mailing Address 14677 VIA BETTONA SUITE 110-835

City	State	Zip Code
SAN DIEGO	CA	92127

Purpose of Disbursement
Tuohy, Catherine

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 52

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9220

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. KIRK JORGENSEN FOR CONGRESS

Mailing Address 14677 VIA BETTONA SUITE 110-835

City	State	Zip Code
SAN DIEGO	CA	92127

Purpose of Disbursement
Brough, James

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 52

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9222

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. KIRK JORGENSEN FOR CONGRESS

Mailing Address 14677 VIA BETTONA SUITE 110-835

City	State	Zip Code
SAN DIEGO	CA	92127

Purpose of Disbursement
elliott, joseph

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 52

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9223

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

A. KIRK JORGENSEN FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.9224

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 52

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	1.0
25-34	1.5
35-44	2.0
45-54	2.5
55-64	3.0
65-74	3.5
75-84	4.0
85+	4.5

B. KIRK JORGENSEN FOR CONGRESS

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB23.9221

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 52

Amount of Each Disbursement this Period



C. KIRK JORGENSEN FOR CONGRESS

Date of Disbursement

05 / 23 / 2014

Transaction ID : SB23.9225

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General
Other (specify) ▼

State: CA District: 52

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	37.00
25-34	25.00
35-44	15.00
45-54	10.00
55-64	8.00
65-74	5.00
75-84	3.00
85+	2.00

SUBTOTAL of Disbursements This Page (optional).....

Age Group	Number of people
13-17	10
18-24	15
25-34	20
35-44	25
45-54	30
55-64	35
65-74	40
75-84	45
85+	50

TOTAL This Period (last page this line number only).....

[illegible]

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

A. KIRK JORGENSEN FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.9227

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: CA District: 52

Amount of Each Disbursement this Period

25.00

B. KIRK JORGENSEN FOR CONGRESS

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB23.9228

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: CA District: 52

Amount of Each Disbursement this Period

C. KIRK JORGENSEN FOR CONGRESS

Date of Disbursement

M M / D D / Y Y Y Y
05 23 2014

Transaction ID : SB23.9229

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: CA District: 52

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....

2535.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. KIRK JORGENSEN FOR CONGRESS

Mailing Address 14677 VIA BETTONA SUITE 110-835

City	State	Zip Code
SAN DIEGO	CA	92127

Purpose of Disbursement
Wong, Ken

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	29	/	2014

Transaction ID : SB23.9226

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. LOUIE GOHMERT FOR CONGRESS COMMITTEE

Mailing Address PO BOX 8060

City	State	Zip Code
TYLER	TX	75711

Purpose of Disbursement
Contribution to campaign

Candidate Name

LOUIE GOHMERTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	29	/	2014

Transaction ID : SB23.8990

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MARK HARRIS FOR US SENATE

Mailing Address PO Box 98986

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement
Wilgus, Austin

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	12	/	2014

Transaction ID : SB23.9231

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2150.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 83

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. MARK HARRIS FOR US SENATE

Mailing Address PO Box 98986

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement
Dyer, Jim

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NC	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9232

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. MARK HARRIS FOR US SENATE

Mailing Address PO Box 98986

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement
Levin, Stephen

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NC	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9233

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. MARK HARRIS FOR US SENATE

Mailing Address PO Box 98986

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement
GIBSON, SUE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NC	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9234

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID : SB23.9236

Category/
Type☒ Primary ☐ General
☐ Other (specify) ▼

50.00

B. SHANNON FOR SENATE

MM / DD / YYYY

Transaction ID : SB23.9240

Category/
Type

☒ Primary ☐ General
☐ Other (specify) ▼

Age Group	Percentage
18-24	10.5%
25-34	10.5%
35-44	10.5%
45-54	10.5%
55-64	10.5%
65-74	10.5%
75-84	10.5%
85+	10.5%

C. SHANNON FOR SENATE

05 / 23 / 2014

Transaction ID : SB23.9241

Category/
Type☒ Primary ☐ General
☐ Other (specify) ▼

75.00

[illegible]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City	State	Zip Code
GRANDVILLE	MI	49418

Purpose of Disbursement
Mokarian, Omid

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MI	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB23.9243

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

B. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City	State	Zip Code
GRANDVILLE	MI	49418

Purpose of Disbursement
Bell, Charles

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MI	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9242

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City	State	Zip Code
GRANDVILLE	MI	49418

Purpose of Disbursement
Dynes, Robert

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MI	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9244

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 83

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. TERRI LYNN LAND FOR SENATE

Mailing Address PO BOX 308

City	State	Zip Code
GRANDVILLE	MI	49418

Purpose of Disbursement
Miller, William

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MI	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9245

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

B. TREADWELL ALASKA INC

Mailing Address PO Box 200125

City	State	Zip Code
ANCHORAGE	AK	99520

Purpose of Disbursement
Eichenberger, Stephanie

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AK	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Transaction ID : SB23.9246

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

9837.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

August use of mailing address, phone, office

Mailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4148

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

September use of address, phone, office

Mailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

October use of mailing address, phone, office

Mailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4178

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

750.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 70 OF 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

November use of mailing address, phone,
officeMailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4179

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

December use of mailing address, phone,
officeMailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.4180

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

Mass emails supporting Jorgensen for
CongressMailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

4357.75

Transaction ID : SD10.5069

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4357.75

1) **SUBTOTALS** This Period This Page (optional)..... ►

4707.75

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 71 OF 83

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Nature of Debt (Purpose):

Fundraising emails in July

Mailing Address 2029 K Street NW
Suite 300City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

3606.78

Transaction ID : SD10.5212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3606.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

February and March reporting and processing services retainer

Mailing Address 209 W Main St

City State Zip Code
Plainfield IN 46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4181

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

April retainer for reporting and processing services

Mailing Address 209 W Main St

City State Zip Code
Plainfield IN 46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4190

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6606.78

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

May reporting and processing services
retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

May reporting and processing services and
June retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2748.93

Transaction ID : SD10.4192

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2748.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

June reporting and processing services and
July retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2767.00

Transaction ID : SD10.4193

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2767.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6515.93

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

October reporting and processing services and
November retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

307.50

Transaction ID : SD10.4186

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

307.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

November reporting and processing services
and December retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2657.00

Transaction ID : SD10.4185

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2657.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

December reporting and processing services
and Jan retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2465.00

Transaction ID : SD10.4184

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2465.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5429.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

January reporting and processing services and
Feb retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2255.00

Transaction ID : SD10.4233

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2255.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Feb reporting and processing/Mar legal and
reporting retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4319

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Mar reporting and processing/Apr legal and
reporting retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4374

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6255.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Legal compliance, bookkeeping, and reporting services in April

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

3737.50

Transaction ID : SD10.4702

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3737.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Legal compliance, bookkeeping, and reporting services in May

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2907.50

Transaction ID : SD10.5067

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2907.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

June administrative and legal services.

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2477.05

Transaction ID : SD10.5569

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2477.05

1) **SUBTOTALS** This Period This Page (optional)..... ►

9122.05

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Bundling, administrative, legal, and office
services

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2077.60

Transaction ID : SD10.5600

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2077.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Sept. bundling, administrative, legal, and office
services

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2067.50

Transaction ID : SD10.5971

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2067.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Sept. reporting and processing services and
Oct. retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2097.50

Transaction ID : SD10.6485

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2097.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

6242.60

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 77 OF 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Reporting, bundling, compliance, and admin
services in October

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1605.00

Transaction ID : SD10.6817

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1605.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Compliance, reporting, and bundling services
in November

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1130.00

Transaction ID : SD10.7051

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1130.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Compliance, reporting, bundling, and
administrative services in Dec 2013

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1235.00

Transaction ID : SD10.7356

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1235.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3970.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 78 OF 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Compliance and administrative services in January

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

854.20

Transaction ID : SD10.7717

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

854.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Legal, processing, reporting, and admin services in February

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1238.00

Transaction ID : SD10.8465

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1238.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Legal, bundling, and administrative services

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1038.00

Transaction ID : SD10.8513

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1038.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3130.20

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):

Bundling, administrative, compliance services
for May 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9028

Amount Incurred This Period

1228.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

1228.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Fund

Nature of Debt (Purpose):

Fundraising emails in July 2013

Mailing Address 2029 K St NW

Suite 300

City State

Zip Code

Washington

DC

20006

Outstanding Balance Beginning This Period

5024.60

Transaction ID : SD10.5208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5024.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

April legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4198

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

7253.10

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 80 OF 83

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

May legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4199

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

June legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4200

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

July legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

August legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

September legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4203

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

October legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

November legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4205

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

December legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):

March legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4196

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 83 OF 83

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Barry A Bostrom

Nature of Debt (Purpose):

Legal services in January

Mailing Address 2524 N 8th Street

City State

Zip Code

Terre Haute

IN

47804

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4194

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Paul Bothwell

Nature of Debt (Purpose):

Administrative services July 2011 - March 2012

Mailing Address 606 S. Taylor St.

City State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

5400.00

Transaction ID : SD10.4230

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

6400.00

2) **TOTALS** This Period (last page this line number only)..... ►

75382.91

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

75382.91